AD Personal Information

Name as it appears on ID_____

ECI#_____

SS#_____   **Home** _____

DOB _____   **Cell** _____

Address _____   **FAX** _____

_____   **Quals** _____

_____   _____

Email
_____

In case of emergency Notify:
_____

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⬇⬇⬇**To be completed by COIDC**⬇⬇⬇

I-9 sent _____   **I-9 will expire** _____

Defensive Driving Certificate _____   **Driving Letter expires**_____

W-4 sent _____

Direct Deposit sent _____ **(direct deposit salary)**

Vendor Code 6500-231 sent _____ **(direct deposit travel)**

Concur Profile set up _____ **(214 sent)**

Concur routing annual check _____ **(= 0601 COFMS Reed EMPL)**

HSQ _____ **Pack Test** _____ **Refresher** _____ **Redcard sent** _____

Training hours Calendar Year_____ **(80 hours per year)**

80 minus _____=_____, **minus** _____=_____, **minus** _____=_____